

## PART B - FEE(S) TRANSMITTAL

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27774 7590 08/16/2004

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01 FC:1501 1370.00 OP  
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Marjorie Scariati (Depositor's name)  
Marjorie Scariati (Signature)  
11/16/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/633,870	08/04/2003	Thomas Patrick Dawson	50N3371.01	5266

TITLE OF INVENTION: COMPUTER -READABLE MEDIUM AND PROGRAM FOR QUANTIZING A DATA SET, METHOD AND APPARATUS FOR QUANTIZING A DATA SET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 1370	\$300	\$1670 1670	11/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WU, JINGGE	2623	382-162000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mayer Fortkort &  
2 Williams, PC Esq.  
3 Heather L. Mansfield,  
Karin L. Williams, Esq.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

1. Sony Corporation  
2. Sony Electronics Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

1. Tokyo, Japan  
2. Park Ridge, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized by XXXXXX or credit any overpayment, to Deposit Account Number 50-1047 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) (Date)

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